

Department of Forensic Sciences

Application for Graduate Admission



Student Affairs Office | OSU Center for Health Sciences | 1111 W. 17th Street | Tulsa, OK 74107-1898 | Fax: (918) 561-8243

Please type or print. Send to the above address, along with a check or money order in U.S. dollars, payable to OSU Center for Health Sciences, for the Application Fee: \$40.00 for U.S. citizens or \$75.00 for International applicants. Application will not be processed until fee is submitted.

Contact and Personal Information

Social Security Number _____

Gender Male Female
COMPUTER USERS: To select an option, highlight the box and hit the x key

Name

Last Name	First Name	Middle Initial	Maiden Name
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Current Address

Number & Street	City	State	Zip/Postal Code	Phone - (Area Code) Number
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Date of Birth _____ **Birthplace**

Month/Day/Year	City	State	County
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Legal Residence

State	County	Country	Years at this address
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Ethnicity *(optional)*

American Indian or Alaskan - Specify tribe: _____

Asian or Pacific Islander

Black, Non-Hispanic

Hispanic

White, Non-Hispanic

Other: *Please specify* _____

Citizenship

US Citizen

Non-resident, International
Please submit International Application

Resident, permanent
Please submit a copy of your PR card

Permanent Address

Number & Street	City / County	State	Zip/Postal Code	Phone - (Area Code) Number
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Business Phone _____ **Fax No.** _____ **E-mail** _____

(Area Code) Number (Area Code) Number

Enrollment and Admission Information – Forensic Sciences

Degree or Program Sought

Check all that apply

M.S. (Research and Thesis)

M.S. (Non-thesis/Creative)

Biology/DNA Pathology

Toxicology Psychology

Forensic Science Administration

Forensic Document Examination

Graduate Certificate/Forensic Document Examination

Semester and year you expect to enroll

Summer Fall Spring Of Year _____

Enrollment Type

On-campus Graduate Program

Internet course *Extra fee involved* Special student

Special students must complete special student memo

All degree applicants must complete Degree or Program Sought above. Check Special Student only if you want to enroll even if not admitted as a graduate student OR if you only want to take classes as a non-program graduate student.

Have you previously applied for admission to the Graduate College at Oklahoma State University? Yes No

Have you ever attended OSU? Yes No **Date you were last enrolled** _____

If you are currently an OSU graduate student, are you:

Graduating from one graduate program and applying to another?

Transferring to another program? Other (explain): _____

Academic History

List all institutions at the college level attended, including any university you are currently attending. Please note expected date of graduation and degree to be awarded. Failure to report all undergraduate and graduate institutions attended may result in dismissal or loss of credit. Please have two transcripts sent directly from each college/university to the OSU-CHS Student Affairs office at address above. All other information required by the intended program may be sent to the same address; i.e., vita, application letter, recommendation letters, employment information, and test scores.

University & Location	Dates	Major Field	Degree	Date (to be) Conferred
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

PLEASE INITIAL: ___ I understand that the Family Education Rights and Privacy Act of 1974 provides a student access to his/her educational record and that the student retains the right to waive access to specific documents in his/her record. I also agree to indicate an identical choice to waive or not to waive my access to recommendations on all related forms and that otherwise this application becomes null and void.

CHECK ONE: I waive do not waive my right to see letters of recommendation submitted to support this application.

If convicted of a felony, you must provide a written explanation prior to your admission. I certify that the statements in this application are true and complete to the best of my knowledge, and that I have attended no institution other than those listed above.

_____ Date

_____ Signature of Applicant (Required)